

Incident Report

All Transition Team members will complete inservice educational offerings related to abuse, including types of abuse, symptoms, interventions to ensure consumer safety, appropriate notification of family, guardian, Protective Services, the State Team and law enforcement personnel as indicated. All consumers and family/guardian will be notified of the types and symptoms of abuse, consumer rights, and appropriate actions to take if abuse is suspected, witnessed, or reported. The consumer and family/guardian will be informed about the toll-free number for Advocacy and Protective Services, the Abuse Hotline (XXX-XXX-XXXX) and Regional Team members will ensure the numbers are posted and available in the consumer's home.

When any member of the Kentucky Transitions Team has witnessed or been notified of an incident, s/he will ensure that the State Transition Team is notified immediately. During non-administrative hours, the State Team member on call will receive the immediate verbal report. The Regional Team member will also immediately report the incident to Child/Adult Protective Services, (XXX-XXX-XXXX), and Office of Inspector General/Licensing and Regulation, (XXX-XXX-XXXX). The Transitions Team member witnessing or receiving the initial report will take action taken to ensure immediate consumer safety. Additionally, the member will complete an Incident Report within 24 hours, forwarding the report to the State Transitions Team via email.

Instructions for Initial Report Form

1. Name, date of birth and address of individual involved.
2. Reporter's name, title, and agency.
3. Date and time incident occurred, as witnessed or as reported.
4. Date and time incident was discovered or reported.
5. Did reporter directly observe the incident?
6. Incident category - place check beside the category that most closely describes the incident.
7. Indicate if the incident involved an injury, or if an injury resulted from the incident.
8. Indicate the cause of any injury, or mark "NA" if no injury occurred as result of the incident.
9. List date and time family or guardian was notified, and note the name of person receiving the information.

10. Document notification of Adult or Child Protective Services and Office of Inspector General/Licensing and Regulations, noting date and time.

11. Document any communication with Law Enforcement personnel, noting date and time.

12. List steps/actions taken to ensure consumer health, safety or rights.

13. Note education provided to the consumer related to effective use of budget to prevent a similar incident from occurring in the future, if indicated.

14. Indicate the location in which the incident occurred.

15. Note the location and address in which the incident occurred.

16. List name, relationship, telephone number and how any other person(s) was involved in the incident.

17. Print name and title of reporter. The reporter will sign the report, noting telephone number, email address, and date and time of report.

Incident Report Addendum

The addendum will be completed for any consumer requiring emergency care as a result of an incident. The addendum will not be utilized for basic first aid rendered in the home, but for provision of emergency care. This will include emergency room care, admission to a hospital, or psychiatric intervention in an acute care setting.

1. Facility name, address, and phone number will be entered for all emergency care received. Should the consumer be transferred to a second facility, it should be noted as well.
2. Note the amount of time the consumer was in the ER, Urgent Treatment Center, or Crisis Unit if known.
3. If the consumer was admitted to an acute care facility, note the admitting diagnosis, date of discharge, and any instructions received upon discharge.
4. Note the consumer's current status, checking all that apply. Enter additional information as indicated. This information, as well as discharge orders, will be used in assisting the consumer in making adjustment to the Plan of Treatment.
5. Note follow-up appointments with specific physicians/providers. Enter date and time of appointments if available.
6. Information that the reporter determines is necessary for clarification will be noted here, including subjective data or assessments, as well as changes indicated in the consumer's plan of treatment as a result of acute care interventions.

The State Transition Team will receive a copy of the Addendum and will receive timely updates related to changes in the consumer's Plan of Treatment resulting from the incident.

Final Report

The Final Report is completed by the Regional Transition Team member or designee and a copy is forwarded to the State Transition Team once the incident is resolved. Any changes to the consumer's Plan of Treatment will be noted on the Final Report.

Any changes to the consumer's Plan of Treatment will result from a meeting with the Regional Team member, the consumer, family/guardian, and others the consumer wishes to include. The purpose of this meeting will be to review the incident, discussing safety measures indicated to prevent a reoccurrence, ensuring the planning session is client-centered and that the consumer has say in any decisions made. The Regional Team member will notify the physician and the State Transition Team of changes made to the Plan of Treatment. The revised plan will be evaluated on an ongoing basis to assess for changes indicated.

1. The Regional Team member will note steps taken to correct the situation as indicated, including changes to the current Plan of Treatment, the target completion date, and the party responsible for ensuring the changes are implemented in a safe and timely manner.
2. The person finalizing the report will print name, agency, position, and telephone number. S/He will sign the report, noting the date and time of the review.